by county contributions and administered by county boards of supervisors through county Welfare Departments. Neither State nor Federal dollars directly enter into the monies expended for the support of the indigent within respective counties, since the program provides public assistance to indigent persons ineligible under state programs. The eligibility requirements and basic procedures are determined individually in each county. Eligible families may be provided with housing, clothing, care of persons, and food allowances, and medical care at county hospitals or clinics.

VETERANS ADMINISTRATION (Non-Service Connected Illness or Injury)

Persons who have served 90 days of active duty during wartime may be eligible to receive disability pension payments from the Veterans Administration. In order to receive such disability payments, the person must be totally and permanently disabled before he reaches the age of 55, or 60 per cent disabled between the ages of 55 and 60, or 50 per cent disabled between the ages of 60 and 65, or 10 per cent disabled after the age of 65. The person must have had this disability for not less than six calendar months before being considered eligible to receive such disability pension benefits. The range of disability pension benefits is \$40 to \$85 a month for the single veteran and \$45 to \$105 per month for the married veteran.

CRIPPLED CHILDREN'S SERVICES PROGRAM

The program of Crippled Children's Services was developed for handicapped children under the age of 21 with particular physical defects stemming from accident, or faulty development, from congenital anomalies or acquired through disease. The services provided for those whose physical defects are disabling and could be either corrected or arrested, fall into the following categories: (a) defects of an orthopedic nature; (b) defects requiring plastic reconstruction; (c) defects requiring orthodontic reconstruction; (d) eye conditions leading to a loss of sight; (e) ear conditions leading to a loss of hearing; (f) rheumatic or congenital heart disease; (g) and other disabling or disfiguring deformities.

The State Department of Public Health administers the program on the State level, while the county health or welfare department administers the program locally. The pattern of the program's operation depends upon the size of the local case load. Within the particular counties which have neither the staff nor facilities available locally, the State Department of Public Health has a more direct role in the implementation of the program.

Eligibility to receive services under this program is determined first on the basis of medical need under guidelines established by the State Department of Public Health, and then financial eligibility determined by the county, based upon suggested State criteria. The financial responsibility may involve part payment or no payment on the part of the responsible parent or parents.

693 Sutter Street, San Francisco, California 94102.

Hospital and Insurance Coverage for the Elderly

A STUDY AT LONG BEACH COMMUNITY
HOSPITAL FOR PATIENTS OVER THE AGE OF 60

A Report of the Bureau of Research and Planning, California Medical Association

A PILOT STUDY of the characteristics of a hospitalized aged population (60 years and over) for a three-month period (January 1, 1963 to March 31, 1963) was conducted at the Long Beach (California) Community Hospital. This project reviewed a number of aspects of the economic problem of the aged in meeting the cost of hospitalization, in cases with and without insurance, covering a large variety of medical diagnoses. Almost 27 per cent of the persons in the study group were under 65 years of age. Of the remaining percentage, the largest number of persons were to be found in the 70 through 74 year age group. The smallest number of those hospitalized were those to be found in the 85 and over group. However, these data should be reviewed with the population distribution of the community in mind. Thus the smaller number of those 85 and over possibly indicates the smaller number of persons and the proportion of such persons in the aged community. (See Table 1.)

Some general overall characteristics of the population studied indicate that the larger proportion was female (58.3%). By far the largest per cent (69.4%) came from the immediate Long Beach area. The general classification of condition at the time of discharge is limited to either a (1) living or (2) deceased status. Based on the collected data, 89.1 per cent of persons treated within this age group were living on discharge, while the remainder fell into the deceased category. (See Table 2.)

As with other age groups in a general hospital the largest number of cases had comparatively short stays. Of all the cases, 164 or almost 34 per cent stayed less than five days, whereas 324, or 67 per cent, stayed less than ten days. The data do not

Source: Unpublished Data, Long Beach Community Hospital, Walter Oliver, Administrator.

TABLE 1. — Age Distribution of Patients 60 Years and Over Discharged from the Long Beach Community Hospital, January 1, 1963 — March 31, 1963

Age Groups	Number	Per Cent in Age Group	
60-64	. 131	26.9%	
65-69	0.4	17.2	
70-74	. 110	22.6	
75-79	. 81	16.6	
80-84	. 49	10.1	
85 & over	. 32	6.6	
Total	. 487	100.0%	

TABLE 2. — Characteristics of Patients at Long Beach Community Hospital, 60 Years and Over, January 1, 1963 — March 31, 1963

	Number	Per Cent
Sex		
Male	. 203	41.7%
Female	. 284	58.3
Total	487	100.0%
Area of Residence		
Long Beach	. 338	69.4%
Other	. 149	30.6
Total	487	100.0%
CONDITION OF DISCHARGED		
Living	. 434	89.1%
Deceased	. 53	10.9
Total	497	100.0%

TABLE 3. — Distribution of Hospital Stay in Days for Patients 60 Years and Over, at the Long Beach Community Hospital, January 1, 1963 — March 31, 1963

Days	Number of Stays	Per Cent of Stays	
1-4	164	33.7%	
5-9	160	32.9	
10-14	75	15.4	
15-19		7.8	
20-24	23	4.7	
25-29	_	1.8	
30 & over		3.7	
Total	487	100.0%	

locate the range of stays within which the deceased individuals fell. The classification "living" does not indicate whether the patient returned directly home, to a long-term hospital, or to a nursing home facility. (See Table 3.)

Of paramount interest in this study is the information on the cost to the patient of his stay in the Long Beach Community Hospital. Based on categories of \$100 increments the category with the greatest frequency (mode) was found to be in the \$200 to \$299 group; however, the median (half cases above, half cases below) is to be found in the \$300 to \$399 group. Approximately 11 per cent of cases hospitalized at the Long Beach Community Hospital during this period incurred expenses of \$1,000 or more. (See Table 4.)

TABLE 4. — Total Cost of Stay for Patients Using the Facilities of Long Beach Community Hospital, January 1, 1963 — March 31, 1963

Amount	Number	Per Cent
\$ 0-99	23	4.7%
100-199	92	18.9
200-299	111	22.8
300-399	50	10.3
400-499	43	8.8
500-699	70	14.4
700-999	45	9.2
1,000 & over	53	10.9
Total	487	100.0%

TABLE 5. — Percentage of Hospital Bill Covered By Those Persons 60 Years and Older With Insurance, as Compared to All Persons in Sample, January 1, 1963 — March 31, 1963

Percentage of Hospital Bill Paid	Number	Per Cent of Persons With Insurance Hospitalized	Per Cent of All Persons Hospitalized
0%		0%	49.3%
1-9	. 3	1.2	0.6
10-19	. 4	1.6	0.8
20-29	. 7	2.8	1.4
30-39	. 8	3.3	1.6
40-49	. 7	2.8	1.4
50-69	51	20.7	10.5
70-99	120	48.6	24.7
100%	47	19.0	9.7
Total	247	100.0%	100.0%

One of the most important issues concerning health care for the aged is the number covered by insurance in the aged population and the extent to which insurance met the costs of hospitalization. According to this Long Beach Community Hospital Survey almost 51 per cent of the population treated during this three-month period had hospital insurance coverage. The breakdown of coverage is not by age so that it is conceivable that a larger proportion of those between 60 and 65 had coverage. It is interesting to note that 247 out of the 487 in the study had 71.9 per cent of their total hospital charges covered by insurance payments or \$94,363 out of the total of \$131,237* in hospital charges. Another way to view the extent of coverage is to review the coverage in terms of the per cent of the hospital bill paid for those persons with coverage and the total population studied. As previously indicated, 50.7 per cent had coverage. It is interesting to see that of this group of 247 persons, 47 or 19 per cent had 100 per cent of their hospital bill paid; 48.6 per cent of this group had between 70 and 99 per cent of their bill paid. In terms of the total sample (487) 9.7 per cent had their total bill paid, and 24.6 per cent had between 70 and 99 per cent of their bill paid. (See Table 5.)

Another important comparison is that of the out-

^{*}This figure represents a slight overstatement of total charges inasmuch as telephone, newspapers and TV charges are included.

TABLE 6. — Amount Owed to Long Beach Community Hospital by Patients 60 Years or More, 90 Days After Discharge, for Patients With and Without Hospital Insurance Coverage, January 1, 1963 — March 31, 1963

Owed Amount	Without I	ithout Insurance		With Insurance		Total	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	
\$ 0-99	. 17	34.0	34	43.0	51	39.5	
100-199	. 12	24.0	13	16.5	25	19.4	
200-299	. 4	8.0	9	11.4	13	10.1	
300-399	. 1	2.0	7	8.9	8	6.2	
400-499	. 3	6.0	5	6.3	8	6.2	
500 & over	r 13	26.0	11	13.9	24	18.6	
Total	. 50	100.0%	79	100.0%	129	100.0%	
	240	20.8%	247	32.0%	487	26.5%	

This table is to read as follows:

The 50 cases without insurance, owing money at the end of 90 days after discharge represented 20.8 per cent of the 240 patients without insurance.

The 79 cases with insurance, owing money at the end of 90 days after discharge represented 32 per cent of the 247 patients with insurance.

The 129 cases (50 + 79) without or with insurance, owing money at the end of 90 days after discharge, represented 26.5 per cent of all 487 patients in the sample.

standing debt status of individuals with insurance and without insurance at the end of a 90-day period. At the end of this period, 20.8 per cent of those without insurance had not completely paid their bill, while 32 per cent of those with insurance had not completely paid their bill. (See Table 6.)

The study of the Long Beach Community Hospital made a comparison between debts outstanding at the end of a 90-day period between a general population (all age groups) and the aged group. It was discovered that while 26.4 per cent of the 487 accounts of the aged group still had outstanding bills after 90 days 29.3 per cent or 49 out of a random sample of 167 accounts still had outstanding bills at the end of 90 days. Thus it would appear that a smaller proportion of the aged (2.9 per cent) had outstanding accounts at the end of a 90-day period. Since the study does not discuss the sampling variability, the 2.9 per cent difference might not appear to be too significant. It should be noted that there are no data comparing the size of the debt nor the extent of coverage.

The reader may be interested to know that within the community of Long Beach, Long Beach Community Hospital's 237 beds represent 22.5 per cent of all the short-term bed facilities. As of the year ending March 1, 1962, Long Beach Community Hospital had 9,225 or 19.2 per cent of all admissions in the community.

These data were found during exploratory discussions between the California Hospital Association and the California Medical Association relating to a proposed study of hospital charges and insurance coverage for persons 65 years of age and older. Although the Long Beach study included persons 60 years of age and older, a future CHA-CMA study will study this problem among a statistical sample of short-term hospitals in California for the 65+ group.

693 Sutter Street, San Francisco, California 94102.

